



**STATE OF MISSOURI**  
DIVISION OF PROFESSIONAL REGISTRATION  
**CHANGE OF NAME AFFIDAVIT**

MISSOURI BOARD OF ARCHITECTS, PROFESSIONAL  
ENGINEERS, PROFESSIONAL LAND SURVEYORS AND  
PROFESSIONAL LANDSCAPE ARCHITECTS  
3605 MISSOURI BOULEVARD, SUITE 380  
P.O. BOX 184  
JEFFERSON CITY, MISSOURI 65102

**INSTRUCTIONS**

This affidavit must be typewritten.

Enter your name as it now appears on the records of the Board.

Fill in your license or enrollment number, as the case may be.

Enter your current address. This is the address to which you want all correspondence from the Board office to be sent.

Attach hereto a certified copy of the official document evidencing your change of name.

Read and sign the affidavit statement before a notary public.

Forward the completed, notarized affidavit to the address indicated at the top of this form.

**INFORMATION**

NAME AS IT NOW APPEARS ON BOARD RECORDS	LICENSE/ENROLLMENT NUMBER
CURRENT MAILING ADDRESS (SEE INSTRUCTIONS ABOVE)	
EMAIL ADDRESS - REQUIRED	TELEPHONE NUMBER
I AM LICENSED/ENROLLED AS (MARK APPROPRIATE BOX): <input type="checkbox"/> ARCHITECT <input type="checkbox"/> PROFESSIONAL ENGINEER <input type="checkbox"/> PROFESSIONAL LAND SURVEYOR <input type="checkbox"/> PROFESSIONAL LANDSCAPE ARCHITECT <input type="checkbox"/> ENGINEER-INTERN <input type="checkbox"/> LAND SURVEYOR-IN-TRAINING	
NEW NAME (ENTER YOUR NAME <b>EXACTLY</b> AS YOU WISH IT TO NOW APPEAR ON BOARD RECORDS)	

**AFFIDAVIT STATEMENT**

STATE OF	SS. I, THE UNDERSIGNED, ON MY OATH FIRST BEING DULY SWORN, STATE THAT I AM THE PERSON LICENSED/ENROLLED, AS INDICATED ABOVE, AND RESPECTFULLY REQUEST THAT THE RECORDS OF THE BOARD BE CHANGED TO SHOW MY LICENSURE/ENROLLMENT UNDER THE NAME AS INDICATED IN NUMBER FIVE, ABOVE.
COUNTY OF	
SEAL	
SIGNATURE OF APPLICANT	
SUBSCRIBED AND SWORN TO BEFORE ME THIS	
DATE	
MY COMMISSION EXPIRES	
DATE	
SIGNATURE OF NOTARY PUBLIC	